



Latina Leadership Initiative of Greater Des Moines Application

Deadline: June 1, 2013

Personal Information:	
Name: (Last, First, MI)	
Address:	City, State, Zip:
Home Phone:	Cell Phone:
E-mail Address:	Alternate E-mail Address:
Age, Date of Birth:	Ethnic Background:
Emergency Contact:	
Name: (Last, First, MI)	
Address:	City, State, Zip:
Home Phone:	Cell Phone:

Professional Information:	
Company Name:	Job Title:
Check one: <input type="checkbox"/> Non Profit <input type="checkbox"/> Government <input type="checkbox"/> Corporate <input type="checkbox"/> Self Employed <input type="checkbox"/> Other:	
Company Address:	City, State, Zip:
Phone:	E-Mail Address:

Please submit your resume detailing your employment history, education, community involvement, etc., with your application.

ESSAY QUESTIONS

Please answer the questions on a separate sheet of paper. The essays should be typed in 12 pt. Times New Roman font, double-spaced and should not exceed three pages.

1. Family Background
Describe your family childhood and background. This can include where your family comes from. Also describe the influence your past has had on your current personal and professional life.
2. Personal
Tell us about your proudest accomplishment. What personal challenges have you prevailed to get to where you are today? Describe your strengths and areas for improvement.
3. Education
Describe your educational background and share any obstacles you faced as you were earning your education.
4. Community Involvement and Impact
Describe your past and current volunteer activities and the contributions you have made to your community through these activities. Tell us how you would like to expand your involvement in the future and what area you would like to focus on and why.
5. Leadership
Please define leadership. Please share the type of leadership role you would like to carry out in the next five to 10 years and why.
6. Program Information
Why are you interested in this program? Describe what you hope to gain or learn from the program and what unique contributions you would like to bring to the program.
7. Mentors
What do you hope to gain from your interaction with your mentor? Are there any specific needs you want addressed? If so, what are these needs, and how do you think your mentor could best address them?

AGREEMENT

If I am selected for this program, I agree to participate to the best of my ability and to attend all trainings, including weekend events. If I fail to participate, have more than three unexcused/excused absences, I understand I will be terminated from the program. I will work with my mentor during the class year (August – May) and will complete a community action project.

Signature

Date

CHECKLIST

Please place the checklist to your completed application packet on top with your references, reference contact information and application fee of \$25. Please note that your check will only be cashed if your application is selected and after you are notified, otherwise, your check will be returned to you.

Please submit your completed application packet. It should include:

- ☐ Application with application fee. Checks should be made out to: Latina Leadership Initiative or LLI
- ☐ Completed essay responses
- ☐ Resume
- ☐ Two reference names and contact information

Reference #1 Information	
Name: (Last, First, MI)	
Title/Position:	
Address:	City, State, Zip:
E-mail Address:	Alternate E-Mail Address:

Reference #2 Information	
Name: (Last, First, MI)	
Title/Position:	
Address:	City, State, Zip:
E-mail Address:	Alternate E-Mail Address:

Mail or email your completed application packet by June 1, 2013 to:

NOTE: If you e-mail your application, checks must be mailed to the address below and received by June 1, 2013 to be considered a complete application.

Latina Leadership Initiative of Greater Des Moines

P.O. Box 12178

Des Moines, IA 50312

latinaleadershipinitiativegdm@gmail.com

For questions, please contact:

Christina Fernandez-Morrow, Project Coordinator

Phone: (515) 505-0676

latinaleadershipinitiativegdm@gmail.com

REFERENCE FORM

Personal Information:	
Reference for:	
Your name: (Last, First, MI)	
Title/Position:	
Address:	City, State, Zip:
E-mail Address:	Alternate E-Mail Address:
Number of years you have known the applicant:	

1. What experience(s) do you have working with the applicant and in what capacity?

2. What do you consider her strengths?
 - a)
 - b)
 - c)
3. Describe her community or volunteer involvement.

4. How do you think she will benefit from the Latina Leadership Project?

Signature

Date

Please return by June 1, 2013 to:
Name: Project Coordinator
E-mail: latinaleadershipinitiativegdm@gmail.com
Phone: 515-505-0676
Fax: 515 868-0089

Mailing Address:
Latina Leadership Initiative
P.O. Box 12178
Des Moines, IA 50312

REFERENCE FORM

Personal Information:	
Reference for:	
Your name: (Last, First, MI)	
Title/Position:	
Address:	City, State, Zip:
E-mail Address:	Alternate E-Mail Address:
Number of years you have known the applicant:	

1. What experience(s) do you have working with the applicant and in what capacity?

2. What do you consider her strengths?

3. Describe her community or volunteer involvement.

4. How do you think she will benefit from the Latina Leadership Project?

Signature

Date

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Name: Project Coordinator

E-mail: latinaleadershipinitiativegdm@gmail.com

Phone: 515-505-0676

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Mailing Address:

Latina Leadership Initiative

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